

ADVISORY COMMITTEE ON DANGEROUS PATHOGENS

The ACDP held its 88th meeting on 5th February 2008. The main agenda items discussed were:

Update on Rabies

DEFRA reported back on discussions at the EU regarding the new community pet movement regime to be implemented when transitional arrangements expire. A harmonised approach across Member States (MS) has raised issues not in relation to rabies controls but in the control of tick and tapeworm diseases. The UK along with Ireland, Malta, Finland & Sweden currently require pets to receive anti-parasitic treatments before entry to their territories. Harmonisation of pet movement rules across the Community may result in this pre-entry requirement being abolished. DH are in the process of gathering further evidence on human tick and tapeworm-associated disease surveillance data (with the help of HPA) to support the UK's current position and will report to the EC in summer 2008.

West Nile Virus

Following a letter to the Chairman before the last ACDP meeting, a meeting was held for interested parties on the 1st February 2008 to discuss West Nile Virus prevalence studies. Due to the difficulties associated with experimental protocols for WNV particularly assay cut-off points, it was agreed that the conclusions of some past studies were open to challenge. Given the importance of the conclusions, it was agreed a new serological study would be beneficial, and HPA were asked to draft a proposal for this work.

Revision of the 1996 ACDP Guidance Management & Control of Viral Haemorrhagic Fevers

Progress in the drafting of the guidance has stalled due to events at Pirbright and the Callaghan Review. In addition the DH sponsored research on the ventilation requirements for patient isolation will not report to ACDP until later in 2008 and the results will impact on the guidance revision. DH and HSE sponsors will meet to draft a revised action plan for updating the VHF guidance.

Revision of ACDP Guidance on blood-borne viruses

The present guidance was published in 1997 and needed updating to take account of developments in the field and provide a resource for directing dutyholders to the large amount of BBV related guidance available. The revised guidance is still split into four parts (i.e. Part 1- Virology Background; Part 2 - Health and Safety Law; Part 3 – Control Measures and Practical Guidance; Part 4 – Guidance on post-exposure risk assessment, management and prophylaxis) with a number of additional appendices. The guidance will be a web-based document only.

Advice was sought on the technical content, scope, presentation and pitch of the revised guidance. Members ranged in their views on the pitch and presentation, however were content with the technical content and scope of the document. Further work is required on presentation of the guidance to make navigation of readers to relevant parts easier. The audience for the guidance is split into two broad types – those seeking guidance on their responsible for health and safety at work (i.e. managers/employers) and those seeking practical advice in dealing with different scenarios. Reference was made to the format of the ACDP TSE infection control

guidance, currently on the DH website, which has an additional section on frequently asked questions, which members felt would add value.

It was agreed that it may be useful to consult with specific groups (e.g occupational health nurses, physicians) before going out for the main consultation.

Revision of Appendix 1.2 Transport of Infectious Substances in Biological Agents: Managing the risks in Laboratories and healthcare premises

The appendix has been revised to take account of changes in transport legislation. With the exception of one paragraph in relation to categorisation of positive specimens as Category A or Cat B (which needs to be clarified) members were content with the revisions set out in the updated version of Appendix 1.2

Application of Safety Performance Indicators to the Biosafety Sector

HSE gave a presentation on the development of Safety Performance Indicators (SPIs) as measuring parameters to add assurance that key health and safety systems at CL4 facilities are being managed effectively. SPIs have been developed for the Nuclear and other major hazard industries and are now being applied to the biosafety sector. Whilst the frequency of incidents at CL4 facilities is very rare, the potential consequences of a release are great (e.g. Pirbright). SPIs should provide increased confidence in the reliability of systems and provide the ability to intervene before risk control systems fail. HSE is looking to phase the application of these SPIs into Containment Level 3 laboratories in due course.

Comparison was made to the pharmaceutical and food industry which require good manufacturing practice and also involves real time monitoring of systems. Caution was raised in terms of making the monitoring process too detailed and onerous, however, SPIs are intended to target monitoring to the crucial elements of the system.

Guidance on a Common Set of Containment Measures to apply to both Animal & Human Pathogens

The Callaghan Review following the Foot & Mouth outbreak at Pirbright in August 2007 recommended that ACDP be asked to develop a common set of containment measures for animal and human pathogens. Defra/HSE indicated that ACDP will be formally asked to undertake this work, with clear terms of reference. Delivery of the guidance is expected by Spring 2009, to coincide with a new regulatory framework encompassing human, animal and genetically modified pathogens.

The concept of a single regulatory framework was welcomed by members, who also supported the move to an independent regulator. ACDP felt greatest work lay in the development of common containment levels for large animals.

The Callaghan Review made a number of other recommendations including that enforcement of the Specified Animal Pathogens Order moves to HSE in a phased process. HSE will be recruiting resources to cater for the additional workload and skills gap.

Categorisation of non-circulating strains of influenza virus of known Pandemic Potential

Advice was sought on whether additional guidance is needed in the 2005 ACDP publication on influenza viruses in relation to the risks associated with working with the recreated 1918 (H1N1) pandemic Influenza A virus. Advice was also sought on what category the 1918 virus should be classified. It was noted that enhanced CL3 is used for work in the USA, whilst CL4 was used for transmission studies in Canada.

Recent pathogenicity studies with the 1918 virus indicate similar levels and mechanism of virulence as the highly pathogenic avian influenza H5N1, though the case fatality rate is much greater for H5N1. Given that anti-virals (e.g. Tamiflu, amantadine) have been shown to be effective against the 1918 virus, effective prophylaxis is available. Members therefore felt that categorisation to HG4 would not be appropriate. Rather than categorise the virus, members felt that activity based risk assessment should be used to determine the most appropriate containment level. However, it was felt that any work involving the 1918 virus should as a minimum of use enhance CL3 similar to that for HPAI H5N1 and that work involving transmission studies in animals may require additional control measures. Members agreed that further work on the risk assessment and appropriate control measures for different activities should be worked up and could be used to amend the existing guidance. The view of the Scientific Advisory Committee on Genetic Modification (SACGM) would also need to be sought in this area.

Draft Work Plan

The draft work plan for 2008/2009 was circulated. It was noted that the work updating the ACDP guidance on influenza with information on the recreated 1918 H1N1 pandemic influenza A virus should be included.

Secretariat
March 2008